

Board of Directors
WEST CONTRA COSTA HEALTHCARE DISTRICT

A combined Full Board/Finance Meeting of the Board of Directors of the **WEST CONTRA COSTA HEALTHCARE DISTRICT** was called to order at 5:08 p.m. on Thursday, July 20, 2006, at the Doctors Medical Center Auditorium at 2000 Vale Road., San Pablo, CA.

Roll Call

Present: Directors Wallace, Carson, Moore- Cash, Casazza, and Campbell

Absent:: None

Also Present:

Irwin Hansen, CEO

Dev Mahadevan, CFO

Peggy Lipper, CDO

Viki Lampert, CIO

Satira Brown, Quality Management

Nancy Shockley, Patient Safety

Ellen Genosick, Risk Management

Martha Iwaihara, VP Nursing

Consent Calendar

Director Casazza moved the approval of the consent calendar. It was seconded by Director Carson and approved by the Board unanimously.

CEO Report

Mr. Hansen, CEO, reported light inpatient activity for the month of June and lower admissions than any other month in 2006. Our average length of stay was higher than prior months due to some staffing issues with the IPC Hospitalist program. Deliveries are also lower, however cardiac caths are 27% higher than they were last year. Although emergency room visits were 5% higher than June 2005, they were 5% lower than that in May.

The information systems conversion went live on July 1 where there were very few problems. The new system affects all clinical and business aspects of the hospital.

DMC and the Brookside Clinic held three cholesterol-screening events, as well as blood pressure screenings for seniors at various hospitals. We also participated in the Kensington Senior Information Day, and the YMCA Active Older Adult Wellness Fair.

The cash flow for the month of July should be better than we had predicted due to the efforts with Kaiser.

Director Wallace thanked Director Carson for all of his hard work in the Emergency Department and keeping relationships good with the hospital and patients.

Public Comment

None.

Financial Statements – May & June 2006

Dev Mahadevan, CFO, reviewed the financial statement that was discussed at the June Board meeting as well as the financials discussed in the study session. Our net loss for June 2006 was a little over \$1 million. Admissions were lower by 14% compared to what we had budgeted for as well as admissions from the ER being down by 7%. Gross Revenue was lower than budget along with Patient revenue which includes the new Medi-Cal rates, effective as of June 22, 2006. Our total operating expenses were \$140,115 higher than budget along with salaries, overtime and group health insurance all being over budget.

Public Comment

None.

Director Moore-Cash moved the acceptance of the financial statements – May & June 2006. It was seconded by Director Carson and accepted by the board unanimously.

DaVita Contract for Dialysis Services

Mr. Mahadevan gave a brief presentation to the board requesting their approval of the contract for dialysis services with DaVita Inc. In the past, patients have been provided with dialysis services through East Bay Nephrology Group, and this group and the services they have provided were sold to Davita Inc. The new contract will result in slightly lower prices for the first year and increasing 5% starting July 1, 2007. There aren't many companies that offer dialysis services in the East Bay and physician coverage and preference is also an issue.

Director Casazza wanted to hear from any Nursing Directors regarding their opinion on the dialysis group and if they are satisfied with how things are being run. Martha Iwaihara stated that Andrea Rutz is in charge of that department and we are currently satisfied with the services they are providing, however we are still keeping our options open. The contract with this group is only for 120 days so we would not be obligated to continue after that time frame.

Public Comment

None.

Director Campbell moved approval of the DaVita contract for dialysis services. It was seconded by Director Moore-Cash and approved by the board unanimously.

IT Installation Update

Irwin Hansen introduced Viki Lampert CIO, acknowledging the successful job she has done in our recent transition of computer systems. This represents the outstanding ability of hospital members being able to work effectively together while meeting deadlines.

Viki Lampert continued to update the Board on the success and transition of the installation of the new computer system. With 40 team members on board as well as many volunteers through the nights of the first ten days, we were able to make sure that everyone was supported. McKesson also had a team of 36 members helping with the transition and rotating schedules. McKesson will be sending more people out next week to help with our month end cycle.

Director Carson who works in the emergency department was working the night the conversion took place and said that the support that the IT department offered for everyone, including people who were not computer savvy was incredible. Being optimistic about the tracking board in the beginning, Director Carson feels that this improvement in the department reflects more efficient care for patients, it is easier to track and monitor patient care and was set up perfectly.

It is a testament to the organization having everyone come together to complete this record-breaking transition. The data center is receiving a lot of positive feedback from physicians who are currently using the system.

We have already started with Phase II of the system beginning with Radiology and introducing PACS, which enables physicians to pull up images remotely and the go live date for that is November 1, 2006.

In response to a question from the Board, Viki would be more than happy to take the board on a tour of the new department, showing all the updated equipment, and seeing the new tracking board in the emergency department.

DMC 2006 JCAHO Preparation

Satira Brown, Quality Management, gave an overhead presentation on what we have done to prepare for our survey, what our strengths are, our priorities for continued improvement and what the next steps will be. We know that they are coming, however since their arrival is unannounced, we are taking every measure to be fully prepared when they do arrive.

Some strategies that we have already put in place are education and communication with our physicians, staff and peers. Our risk management and patient safety officer held a National Patient Safety Week in March. On a monthly basis the quality/risk newsletter is sent out, in addition 3 events have been held to educate employees.

Shannon Grove, Quality Manager, added that there was a full 12 hour day here in San Pablo, where all the topics were identified that we feel are important to

ensure that everyone was well educated on what we do as an organization to keep patients safe, how we communicate, and what each department does.

Eight boards out of the seventy-five were on display for the Board members to view. These educational boards were on display in the auditorium throughout the hallway, in the education center and also into the cafeteria for employees and staff to review. With a turn out of over 300 people, we feel this was an effective way in educating everyone at DMC. The Quality and Management department poster board informs the staff of what the department does. The department is part of the tracer methodology, which is a format that JCAHO uses to survey a hospital where they come in and ask for the current days census, pick a patient and trace the patients' care and treatment from the time the patient was admitted until the current day. The purpose of this is to get the same experience that the patient has during their care here. The Performance Improvement board is also part of Quality Management, and identifies areas in which we can improve upon. Our major market for this year and next year is the McKesson project, which help us improve patient care with the new technology and systems that we have invested in.

Ellen Genosick, Quality Data Manager, presented the Core Measures poster board which was a reference guide to help the staff continue following the guidelines in being compliant with JCAHO standards in the following areas:

- Heart Attacks
- Congestive Heart Failure
- Pneumonia
- Other select surgical care cases

These boards are to help improve our compliance with JCAHO and CMS. The board was provided with a handout to answer any questions they may have, and they may also contact Ellen.

Nancy Shockley, Risk Manager/Patient Safety Officer, had a primary focus on the Joint Commission's National Patient Safety Goals. The medication reconciliation has been a top focus in trying to get community and patient education to know the importance of the medication that any one individual is taking. Our Falls Prevention Program has been a big push since December 2005, for example a picture of a waterfall is placed outside of the patients' room for those who are at risk of falling when getting in and out of bed, or just at higher risk for falling, to make the staff aware when they enter the room. Many of the risk managers are registered nurses and have been receiving positive feedback on all the information, reminders and data that is available to them.

Satira Brown identified our strengths:

- Core Measures Data
- Falls Prevention Program
- Medication Reconciliation Process in Place

- Medication Safety Advances (New OmniCells)
- New Nursing Manuals
- New Infection Control RN
- Physician Involvement in Established Patient Safety Program
- Peer Review Systems Revised

And our priorities for continue improvement:

- Eliminate use of Unapproved Abbreviations
- Meticulous Blood Administration Procedures
- “Time Out” Before Bedside Invasive Procedures
- Continued Progress on Medication Reconciliation
- Documentation
 - Pain Management
 - Care Plans
 - Patient Education
- Capture Complete Advance Directives Information

Irwin Hansen, CEO, stated that there is a proposal outside the organization to help with our Environment of Care.

At the request of the Irwin Hansen, CEO, Satira Brown went into more depth about the methodology tracers and what they entail. When the surveyors arrive they will look at our daily census and what patients are diagnosed with and what they have been admitted for. For example, a patient that has been admitted to the ICU, the surveyors will go to the ICU where the patient is currently located and review the charts. Not only will they review the care the patient is receiving in that department, but if the patient has had lab work done, they will go to the lab and review charts in the lab to make sure all documentation and procedures are followed correctly. For many patients who are admitted to the ICU they generally are admitted through the Emergency Department. With that, the surveyors will visit the Emergency Department and see what the processes are, how they are followed and get a chance to see our new tracking board that was recently installed as part of our McKesson project.

In response to a question from the board, Satira mentioned that part of the education we do is house wide and in the reference books that we have provided for all staff, physicians and employees, there are potential questions that the surveyors will ask. For any questions that a surveyor asks, employees and staff are aware that this is an “open book test” and they can refer to any references that are available to them.

Public Comment

None.

Medical Executive Report

Paul Ryan, M.D., filled in for John Rampulla, M.D. President of the Medical Staff, since he was out of town and unable to attend the meeting, he presented the Medical Executive Report. The recommendations from the Medical Executive Committee for approval of Appointments, Reappointments, Changes of Staff Status and proctoring were presented for review and approval. The Quality Management Report for Statistical and Quality Indicators was presented. The following policies, procedures and orders were presented for review and approval:

- Medication Reconciliation Form and Policy
- Draft "Hand Off" Communication of Patient Information
- Survey Readiness & Responding to the Arrival of Unannounced Survey Teams Policy
- Quality Management/Performance Improvement Plan
- Hypoglycemia Protocol Policy
- Verification Process for the Use of Methadone in Hospitalized Patients
- Methadone Verification Orders
- Hospital Formulary Policy
- Avoiding Look-alike/Sound Alike Medication Errors (LASA) Policy
- Automated Dispensing System P&P
- Chemotherapy Introduction P&P
- Chemotherapy Handling P&P
- Chemotherapy Routine Housekeeping P&P
- Chemotherapy Spills P&P
- Chemotherapy Housekeeping, Waste Disposal
- Chemotherapy Personnel consideration P&P
- Chemotherapy Pharmacy Responsibility for Training
- Chemotherapy Plant Consideration, Equipment P&P
- Chemotherapy Use of Closed System for Preparation of Chemotherapy P&P
- Chemotherapy Ordering and Dispensing P&P
- Patient's Own Medication P&P
- Weight Based Dosing Guidelines P&P

Public Comment

None.

Director Moore-Cash motioned the acceptance of the Medical Executive Report. It was seconded by Director Campbell and approved by the board unanimously.

Director Moore-Cash motioned the approval of the Appointments, Reappointments and Changes of Staff Status. It was seconded by Director Campbell and approved by the board unanimously.

Other

Director Carson would like to welcome Connie Matthew at the next board meeting to discuss any issues she has with the facility regarding the letter that was sent to the Board members.

Irwin Hansen, CEO, stated that Connie Matthew, who was one of the burn nurses, is going to be leaving the organization by her choice, and is unhappy with the organization as well.

Public Comment

David Seeley comes to the Board from an operation company in San Francisco. Work was contracted to the Hospital in May of 2006 to find an RN to fill a position. The company had difficulty making contact with anyone at the hospital to take care of the invoice that was past due. Mr. Seeley said they would like to resolve the situation, and was advised by Hospital Council to get legal Council for any further action to take place. He is willing to sit down and work with the hospital to come to an agreement for payment.

Director Moore-Cash discussed the City of Richmond going to sign a memorandum concerning cremation centers, however they have not gone to the public about this. Director Cash would like hospital Administration to pay attention to this and advise the Board on any further updates as she feels this might be a problem in the area. Irwin Hansen, CEO said that he would investigate and consult with the city regarding the matter.

Adjournment

The meeting was adjourned at 6:03 pm